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Bib Data Sheet

CONFIRMATION NO. 5327

<b>SERIAL NUMBER</b> 09/894,174	<b>FILING DATE</b> 06/27/2001 <b>RULE</b> <i>R.D.R. 10/11/05</i>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> William M. Blackshear JR., Clearwater, FL; Ralph F. Hagemeier, Largo, FL; Louise Fischer, Palm Harbor, FL; <i>R.D.R. 10/11/05</i>				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. ** SMALL ENTITY ** ** 08/16/2001 <i>10/11/05 R.D.R.</i>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> ARTHUR W. FISHER, III Suite 316 5553 West Waters Avenue Tampa, FL 33634				
<b>TITLE</b> Management method of persons at risk of complications of arterial occlusive disease				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	